

Fill in this information to identify the case:

Debtor Name Dispute Solutions, Inc.United States Bankruptcy Court for the: Eastern District of Texas
(State)Case number (if known): 24-40245☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. Frost Bank Checking account 6 0 1 4 \$72.943.2. Frost Bank Checking account 4 4 4 5 \$0.00

4. Other cash equivalents (Identify all)

4.1 Intercompany Receivables of \$90,995.78 owed by Essential Corporate Solutions, Inc. (uncollectible) \$0.00

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$72.94

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 _____

7.2 _____

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8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 _____

8.2 _____

9. **Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of debtor's interest

11. **Accounts receivable**

11a. 90 days old or less: \$3,150.00 - \$0.00 =..... → \$3,150.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: _____ - _____ =..... → _____
face amount doubtful or uncollectible accounts

12. **Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$3,150.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. **Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 _____

14.2 _____

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. _____

15.2. _____

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

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16.1 _____

16.2 _____

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

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Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**☒ No. Go to Part 6.☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. **Raw materials**

_____	MM / DD / YYYY	_____	_____	_____
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20. **Work in progress**

_____	MM / DD / YYYY	_____	_____	_____
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21. **Finished goods, including goods held for resale**

_____	MM / DD / YYYY	_____	_____	_____
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22. **Other inventory or supplies**

_____	MM / DD / YYYY	_____	_____	_____
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23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

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24. **Is any of the property listed in Part 5 perishable?**☒ No☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value _____ Valuation method _____ Current value _____26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes. Fill in the information below.

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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 7: Office furniture, fixtures, and equipment; and collectibles			
38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles? <input checked="" type="checkbox"/> No. Go to Part 8. <input type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			

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40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software			
42.	Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1				
42.2				
42.3				
43.	Total of Part 7 Add lines 39 through 42. Copy the total to line 86.			_____
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8:

Machinery, equipment, and vehicles

46.	Does the debtor own or lease any machinery, equipment, or vehicles? <input checked="" type="checkbox"/> No. Go to Part 9. <input type="checkbox"/> Yes. Fill in the information below.			
	General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
	Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1				
47.2				
47.3				
47.4				
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
48.1				

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48.2					
49.	Aircraft and accessories				
49.1					
49.2					
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)				
51.	Total of Part 8			_____	
	Add lines 47 through 50. Copy the total to line 87.				
52.	Is a depreciation schedule available for any of the property listed in Part 8?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
53.	Has any of the property listed in Part 8 been appraised by a professional within the last year?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
Part 9: Real property					
54.	Does the debtor own or lease any real property?				
	<input checked="" type="checkbox"/> No. Go to Part 10.				
	<input type="checkbox"/> Yes. Fill in the information below.				
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
	Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
55.1					
55.2					
55.3					
55.4					
55.5					
55.6					
56.	Total of Part 9				_____
	Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				
57.	Is a depreciation schedule available for any of the property listed in Part 9?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				

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58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No☐ Yes**Part 10:** Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
<u>www.dsi-adr.com</u>	<u>\$0.00</u>		<u>\$0.00</u>
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10			<u>\$0.00</u>

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

☒ No☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes**Part 11:** All other assets

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70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes. Fill in the information below.**Current value of
debtor's interest****71. Notes receivable**

Description (include name of obligor)

_____	—	_____	= →	_____
	Total face amount	doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year	_____
_____	Tax year	_____
_____	Tax year	_____

73. Interests in insurance policies or annuities

<u>E&O insurance policy with United States Liability Insurance Company</u>	<u>\$0.00</u>
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____	_____
Nature of claim	_____
Amount requested	_____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____	_____
Nature of claim	_____
Amount requested	_____

76. Trusts, equitable or future interests in property

_____	_____
_____	_____
_____	_____

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

\$0.00

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79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$72.94	
81. Deposits and prepayments. Copy line 9, Part 2.		
82. Accounts receivable. Copy line 12, Part 3.	\$3,150.00	
83. Investments. Copy line 17, Part 4.		
84. Inventory. Copy line 23, Part 5.		
85. Farming and fishing-related assets. Copy line 33, Part 6.		
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.		
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.		
88. Real property. Copy line 56, Part 9..... →		
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11. +	\$0.00	
91. Total. Add lines 80 through 90 for each column.....91a.	\$3,222.94	+ 91b.
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$3,222.94

Fill in this information to identify the case:

Debtor name Dispute Solutions, Inc.

United States Bankruptcy Court for the: Eastern District of Texas
(State)

Case number (if known): 24-40245

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

Describe debtor's property that is subject to a lien

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

Fill in this information to identify the case:

Debtor name Dispute Solutions, Inc.

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): 24-40245

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim

Priority amount

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number

Is the claim subject to offset?

☐ No

☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number

Is the claim subject to offset?

☐ No

☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)

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Name

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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>Bana</u> <u>PO Box 79290</u> <u>Saginaw, TX 76179</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.2	Nonpriority creditor's name and mailing address <u>Capstone</u> <u>912 S. Capital of Texas Hwy., Suite 220</u> <u>Austin, TX 78746</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.3	Nonpriority creditor's name and mailing address <u>Chamblee Ryan</u> <u>2777 N. Stemmons Frwy., Suite 1257</u> <u>Dallas, TX 75207</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.4	Nonpriority creditor's name and mailing address <u>Essential Corporate Solutions, Inc.</u> <u>PO Box 1063</u> <u>Caddo Mills, TX 75135</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Management Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,000.00</u>

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Part 2: Additional Page

3.5	Nonpriority creditor's name and mailing address <u>Gauntt Earl Binney & Kidd</u> <u>25700 I-45 North, Suite 130</u> <u>Spring, TX 77386</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address <u>KRCL</u> <u>5151 San Felipe St., Suite 800</u> <u>Houston, TX 77056</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address <u>M&M Merchandisers</u> <u>1923 Bomar Ave.</u> <u>Fort Worth, TX 76103</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address <u>Matthew Koziol</u> <u>c/o: Charles Bennett</u> <u>12770 Coit Road, Ste. 720</u> <u>Dallas, TX 75251</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Part 2: Additional Page

3.9	Nonpriority creditor's name and mailing address <u>Nichole Harvey</u> <u>c/o Don T. O'Bannon</u> <u>325 N. St. Paul St., Ste. 2250</u> <u>Dallas, TX 75201</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Meadow View Assisted Living</u> <u>2815 Medlin Drive</u> <u>Arlington, TX 76015</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Avalon Place-Kirbyville</u> <u>700 N. Herndon</u> <u>Kirbyville, TX 75956</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Heritage House of Marshall Health & Reha</u> <u>5915 Elysian Fields Road</u> <u>Marshall, TX 75672</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Part 2: Additional Page

3.13	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Cedar Hill Healthcare Center</u> <u>230 S. Clark Road</u> <u>Cedar Hill, TX 75104</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Reunion Plaza Healthcare & Rehab</u> <u>1401 Rice Road</u> <u>Tyler, TX 75703</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Temple Manor Nursing Home</u> <u>100 Green Avenue</u> <u>Temple, OK 73568</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Tuttle Care Center</u> <u>104 SE 4th Street</u> <u>Tuttle, OK 73089</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Dispute Solutions, Inc. Case number (if known) 24-40245
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3.17	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Willow Park Healthcare Center</u> <u>7019 NW Cache Road</u> <u>Lawton, OK 73505</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Heritage at Brandon Place</u> <u>13500 Brandon Place</u> <u>Oklahoma City, OK 73142</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Northwest Nursing Center</u> <u>2801 NW 61st Street</u> <u>Oklahoma City, OK 73112</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Colonial Gardens of Austin A-1</u> <u>3700 Adelphi Lane</u> <u>Austin, TX 78727</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Dispute Solutions, Inc.
Name

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3.21 Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Colonial Gardens of Austin A-2</u> <u>3706 Adelphi Lane</u> <u>Austin, TX 78727</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22 Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Colonial Gardens of Fort Worth FW-1</u> <u>6939 River Park Circle</u> <u>Fort Worth, TX 76116</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23 Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Colonial Gardens of Fort Worth FW-2</u> <u>6931 River Park Circle</u> <u>Fort Worth, TX 76116</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24 Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Colonial Gardens of San Antonio SA-1</u> <u>20 Lynn Batts Lane</u> <u>San Antonio, TX 78218</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.25	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Colonial Gardens of San Antonio SA-2</u> <u>10 Lynn Batts Lane</u> <u>San Antonio, TX 78218</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Legacy at Town Creek</u> <u>2212 W. Reagan Street</u> <u>Palestine, TX 75801</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Legacy at Jacksonville</u> <u>810 Bellaire</u> <u>Jacksonville, TX 75766</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Legacy Rehabilitation & Healthcare</u> <u>3300 West 2nd Avenue</u> <u>Corsicana, TX 75110</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.29	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>The Village at Heritage Oaks</u> <u>3002 West 2nd Avenue</u> <u>Corsicana, TX 75110</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>The Village at Heritage Oaks</u> <u>3004 West 2nd Avenue</u> <u>Corsicana, TX 75110</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Pecan Tree Rehabilitation & Healthcare</u> <u>1900 E. California Street</u> <u>Gainesville, TX 76240</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address <u>Southwest LTC</u> <u>Hobart Nursing & Rehabilitation</u> <u>709 N. Lowe Street</u> <u>Hobart, OK 73651</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Dispute Solutions, Inc.
Name

Case number (if known) 24-40245

Part 2: Additional Page

3.33 Nonpriority creditor's name and mailing address

Techstar Molding

1511 Genoa Red Bluff Rd.

Pasadena, TX 77504

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Notice Only

Is the claim subject to offset?

- ☒ No
☐ Yes

\$0.00

Debtor Dispute Solutions, Inc.
Name

Case number (if known) 24-40245

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Amaro Law Firm Attn: R. James Amaro 2500 E. TC Jester, Ste. 525 Houston, TX 77008	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____ _____
4.2	Bennett Injury Law Attn: Charles Bennett 12770 Coit Road, Ste. 720 Dallas, TX 75251	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____ _____
4.3	Don T. O'Bannon 325 N. St. Paul St., Ste. 2250 Dallas, TX 75201	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____ _____

Debtor Dispute Solutions, Inc.
Name

Case number (if known) 24-40245

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. **Total claims from Part 1**

5a. \$0.00

5b. **Total claims from Part 2**

5b. + \$10,000.00

5c. **Total of Parts 1 and 2**
Lines 5a + 5b = 5c.

5c. \$10,000.00

Fill in this information to identify the case:

Debtor name Dispute Solutions, Inc.

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): 24-40245 Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Dispute Solutions, Inc.

United States Bankruptcy Court for the: Eastern District of Texas
(State)

Case number (If known): 24-40245

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Igloo Products Corp.	Street City State ZIP Code	Matthew Koziol	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Dispute Solutions, Inc. Case number (if known) 24-40245
 Name _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.5	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G </div>	
2.6	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G </div>	

Fill in this information to identify the case:

Debtor name Dispute Solutions, Inc.

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): 24-40245 Chapter 7

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real Property:

Copy line 88 from *Schedule A/B*.....

\$0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*.....

\$3,222.94

1c. Total of all property:

Copy line 92 from *Schedule A/B*.....

\$3,222.94

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$0.00

3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$10,000.00

4. Total liabilities.....

Lines 2 + 3a + 3b

\$10,000.00

Fill in this information to identify the case:

Debtor name Dispute Solutions, Inc.

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): 24-40245

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/14/2024
MM/ DD/ YYYY

X

/s/ Kelly Dykes

Signature of individual signing on behalf of debtor

Kelly Dykes

Printed name

President

Position or relationship to debtor